

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full)

JOHN S. MCCAIN

(b) Address (number and street)

PO BOX 16118

(c) City, State and ZIP Code

ARLINGTON

VA

22215

☐ Check if address changed

2. Identification Number

P80002801

3. Is This  
Statement☐ New  
(N)

OR

☒ Amended  
(A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

Presidential

6. State &amp; District of Candidate

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).  
(year of election)**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

JOHN MCCAIN 2008, INC.

(b) Address (number and street)

PO BOX 16118

(c) City, State and ZIP Code

ARLINGTON

VA

22215

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JOHN MCCAIN 2008 GENERAL ELECTION COMPLIANCE FUND, INC.

(b) Address (number and street)

PO BOX 16118

(c) City, State and ZIP Code

ARLINGTON

VA

22215

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

0.00

for the primary election, and

9B

0.00

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

**Signature of Candidate**

JOHN S. MCCAIN

**Date**

04/28/2008

**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MCCAIN VICTORY COMMITTEE (JOINT FUNDRAISING REPRESENTATIVE)

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MCCAIN VICTORY 2008 (JOINT FUNDRAISING REPRESENTATIVE)

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MCCAIN VICTORY CALIFORNIA (JOINT FUNDRAISING REPRESENTATIVE)

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

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(a) Name of Committee (in full)

MCCAIN VICTORY FLORIDA (JOINT FUNDRAISING REPRESENTATIVE)

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(b) Address (number and street)

228 S WASHINGTON ST STE 115

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(c) City, State and ZIP Code

ALEXANDRIA

22314

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

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(a) Name of Committee (in full)

MCCAIN VICTORY OHIO (JOINT FUNDRAISING REPRESENTATIVE)

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(b) Address (number and street)

228 S WASHINGTON ST STE 115

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(c) City, State and ZIP Code

ALEXANDRIA

22314

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